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|--|---|------------------------------|--|---|--|--|--|--|--|
| TRANSMITTAL FORM | | | Application No. | 09/894,334 — | | | | | |
| | | | Filing Date | June 27, 2001 | | | | | |
| (to be used for all correspondence after initial filing) | | | First Named Inventor | Qing Ma | | | | | |
| | | | Group Art Unit | 2823 | | | | | |
| | | | Examiner Name | Coleman, William D. | | | | | |
| Total Number of | Pages in This Submissi | on 9 | Attorney Docket Number | 42390P10606 | | | | | |
| ENCLOSURES (check all that apply) | | | | | | | | | |
| Fee Transmittal Form Drawing | | | | After Allowance Communication to Group | | | | | |
| Fee Attac | Fee Attached Licensing | | | Appeal Communication to Board of Appeals and Interferences | | | | | |
| Amendment / Re | esponse | Petition | | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | | | | | |
| After Fina | al s/declaration(s) | Petition to C Provisional | Convert a Application | Proprietary Information | | | | | |
| Extension of Tin | ne Request | Power of At Change of 0 | torney, Revocation Correspondence Address | Status Letter | | | | | |
| Express Abandonment Request | | Terminal D | isclaimer | Other Enclosure(s) (please identify below): | | | | | |
| Information Disclosure Statement | | Request for | Refund | Return Receipt Postcard | | | | | |
| PTO/SB/08 | | CD, Numbe | er of CD(s) | | | | | | |
| Certified Copy of Document(s) | of Priority | | | | | | | | |
| Response to Missing Parts/ Incomplete Application | | Damada | | <u> </u> | | | | | |
| Basic Filing Fee | | Remarks | | | | | | | |
| Declaration/POA | | | | 73. ASC | | | | | |
| Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | AUG - 1 20 | | | | | |
| | SIGNATURI | OF APPLICAN | T, ATTORNEY, OR AG | ENT N | | | | | |
| Firm | William Thomas Babbitt, Reg. No. 39,591 | | | | | | | | |
| or Individual name | BLAKELY, SOKOLOFF/TAYLOR & ZAFMAN LLP | | | | | | | | |
| Signature | Millian Baffitt | | | | | | | | |
| Date 7/24/02 | | | | | | | | | |
| CERTIFICATE OF MAILING/TRANSMISSION | | | | | | | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Box Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | | | | | | | | | |
| Typed or printed name Nadya Gordon | | | | | | | | | |
| Signature / lades Xordon Date 7/24/03 | | | | | | | | | |

111 2 8 2003 12 30 July 2 30 July 2

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

(\$)

 Complete if Known

 Application Number
 09/894,334

 Filing Date
 June 27, 2001

 First Named Inventor
 Qing Ma

 Examiner Name
 Coleman, William D.

 Group/Art Unit
 2823

 Attorney Docket No.
 42390P10606

| METHOD OF PAYMENT (check one) | | FEE CALCULATION (continued) | | | | | |
|--|--------------|-----------------------------|--------------|--------------|---|--|--|
| ☐ Check ☐ Credit card ☐ Money ☐ Other ☒ None | 3. A | DDITIO | NAL | FEES | s | | |
| Deposit Account | Large | Entity | Sma | II Entity | ty | | |
| Deposit | Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | |
| Account Number 02-2666 | 1051 | | | | FeeDescripton FeePaid | | |
| Deposit | | 130 50 | 2051 2052 | 65 25 | | | |
| Account Name Blakely, Sokoloff, Taylor & Zafman LLP | | | | | cover sheet. | | |
| The Commissioner is authorized to: (check all that apply) | | 130 2,520 | 2053 1812 | 130 2,520 | 9 , | | |
| Charge fee(s) indicated below Credit any overpayments | | 920 * | 1804 | 920 | * Requesting publication of SIR prior to | | |
| Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. | | | , | | Examiner action | | |
| Charge fee(s) indicated below, except for the filling fee | 1805 | 1,840 * | 1805 | 1,840 | Requesting publication of SIR after Examiner action | | |
| to the above-identified deposit account | 1251 | 110 | 2251 | 55 | Extension for reply within first month | | |
| FEE CALCULATION | 1252 | 410 | 2252 | 205 | Extension for reply within second month | | |
| 1. BASIC FILING FEE | 1253 | 930 | 2253 | 465 | Extension for reply within third month | | |
| Large Entity Small Entity | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month | | |
| Fee Fee Fee Fee Fee Fee Pad Code (\$) Fee Pad | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month | | |
| 1001 750 2001 375 Utility filing fee | 1404 | 320 | 2401 | 160 | Notice of Appeal | | |
| 1002 330 2002 165 Design filing fee | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal | | |
| 1003 520 2003 260 Plant filing fee | 1403 | 280 | 2403 | 140 | Request for oral hearing | | |
| 1004 750 2004 375 Reissue filing fee | 1451 1452 | 1,510 110 | 2451 2452 | 1,510 55 | Petition to institute a public use proceeding Petition to revive - unavoidable | | |
| 1005 160 2005 80 Provisional filing fee | 1453 | 1,300 | 2452 | 650 | Petition to revive - unintentional | | |
| SUBTOTAL (1) (\$) | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) | | |
| 2. EXTRA CLAIM FEES Extra Fee from | 1502 | 470 | 2502 | 235 | Design issue fee | | |
| Claims below FeePaid | 1503 | 630 | 2503 | 315 | Plant issue fee | | |
| Total Claims | 1460 | 130 | 2460 | 130 | Petitions to the Commissioner | | |
| Claims = X | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | | |
| Multiple Dependent = | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | | |
| Large Entity Small Entity | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | | |
| Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$) | 1809 | 750 | 1809 | 375 | Filing a submission after final rejection | | |
| 1202 18 2202 9 Claims in excess of 20 | 1005 | ,~ | 1009 | 5/5 | (37 CFR § 1.129(a)) | | |
| 1201 84 2201 42 Independent claims in excess of 3 | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) | | |
| 1203 280 2203 140 Multiple Dependent claim, if not paid | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) | | |
| 1204 84 2204 42 **Reissue independent claims over original patent | 1802 | 900 | 1802 | 900 | Request for expedited examination | | |
| 1205 18 2205 9 **Reissue claims in excess of 20 and over | Other fee | | | | of a design application | | |
| original patent | ĺ | ., ., | | | | | |
| SUBTOTAL (2) (\$) | * Reduced | by Basic Fil | lina Fee F | Paid | SUBTOTAL (3) (\$) | | |
| **or number previously paid, if greater, For Reissues, see below | L | ., | | | SUBTOTAL (3) | | |
| SUBMITTED BY Complete (if applicable) | | | | | | | |
| Name (Print/Type) William Thomas Babbitt | | gistratio orney/Ager | | 3 | 39,591 Telephone (310) 207-3800 | | |
| Signature William / by Hath | | | | | | | |